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## Unauthorized Border Crosser Death along the Arizona/ Sonora border

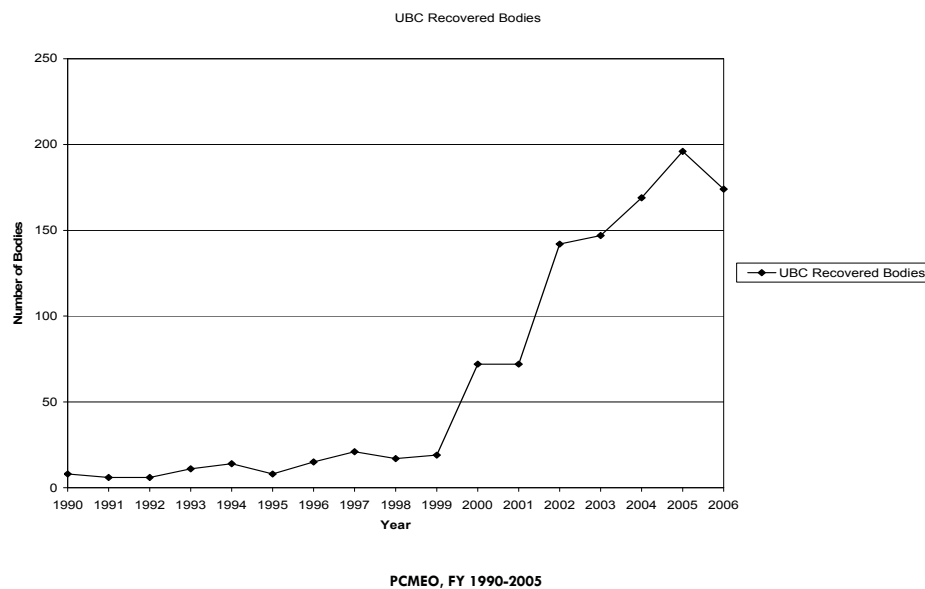
Dan Martinez, Intern

Segmented border enforcement has resulted in the redistribution of migration flows along the U.S.-México border. This “funneling” of unauthorized border crossers (UBCs) has increased the number of UBC deaths along the U.S.-México border by forcing crossers into inhospitable areas. Researchers for the Centers for Disease Control and Prevention have recently cited UBC deaths as an emerging “major public health concern” (Sapkota et al. 2006). However, the number of existing quantitative studies estimating UBCs deaths over time is limited. One factor that contributes to this limitation is a lack of standardized and systematic efforts to document said deaths along the entire U.S.-México Border. My work consists of maintaining the systematic and standardized data collection process initiated by Rubio-Goldsmith et al. (2006) at the Pima County Office of the Medical Examiner (PCOME) and widening the time span of the database by collecting data from 1975 to the present.

First, it is important to differentiate between the concepts of “death” and “recovered body.” Often scholars and the media use the term “deaths” when actually citing the number of UBC recovered bodies during a specified time span along the U.S.-México border. The use of this language is not absent in the leading studies on migrant deaths (Cornelius 2001; 2005; 2006; Eschbach et al. 2001; 2003; Sapkota et al. 2006; Keim et al. 2006). One could argue that using the term “death” rather than “recovered body” is purely a question of semantics; however doing so is empirically incorrect. The statistics cited by scholars and the media are merely the number of known UBC deaths, and do not include bodies that have never been found. Consistently referring to the number of UBC recovered bodies as “deaths” grossly underestimates the actual number migrants that have died attempting unauthorized border crossings. Thus, the figures referenced in this summary are representative only of the number of UBC recovered bodies along a majority of the Arizona-Sonora border.

The following figure illustrates the increase in the number of UBC recovered bodies between fiscal years 1990 and 2006 along a major portion of the Arizona-Sonora border.

**Figure 1. Bodies of Unauthorized Border Crossers Examined by**



Source: Rubio-Goldsmith et al. “The ‘Funnel Effect’ and Recovered Bodies of Unauthorized Migrants,” October 2006, Graph 1. UBC recovered body data for fiscal year 2006 was added to the figure by Daniel Martinez.

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## Office of Border Health Interns

### Cross-Border Credentialing in a Public Health Emergency



In 2006, the Arizona-Mexico Commission created an action item to prepare the border region for a public health emergency through cross-border credentialing of physicians that would allow personnel to respond to an emergency on either side of the border. Although the Arizona state statutes do not specifically prohibit the cross-border credentialing of physicians during a public health emergency, more information is necessary to determine if this action would be effective in Arizona. A survey of health professionals in the Arizona border region is underway to determine if health providers believe that utilizing Mexican physicians in the event of a public health emergency would

be necessary, feasible, and effective in dealing with a public health emergency in the border region. Preliminary results of the survey will be presented at the Arizona-Mexico Commission Plenary Session in June. If you would like to participate in the survey, please use the link provided below.

<http://www.publichealth.arizona.edu/FS/BorderHealthSurvey.aspx>

Kristen Aggerbeck  
University of Arizona Mel and Enid Zuckerman  
College of Public Health Master in Public Health  
Candidate

### Tucson Elvira Sunnyside Survey (TESS)

Conducted by the University of Arizona Mexican American Studies and Research Center, TESS is a study that is examining the relation between immigration and health status in the Sunnyside and Elvira neighborhoods of South Tucson. The survey, which lasts between 30-90 minutes, asks people about their health, life stressors, and experiences with immigration enforcement officials in order to attempt to describe if and how the culture of fear in the communities of South Tucson affects health outcomes. The data that is collected will be analyzed to make immigration policy recommendations to government officials. Heidi Reukauf and Christy Trimmer conducted random house-

hold surveys in both English and Spanish. In addition, two Sundays were spent interviewing people as they left mass at Santa Monica's church. The interns also participated in other study activities, including data entry, a border deaths symposium, training other interviewers, and documenting current events surrounding immigration policies, stories and abuses.

Christy Trimmer and Heidi Reukauf  
University of Arizona Mel and Enid Zuckerman  
College of Public Health Master in Public Health Candidates

*To Provide  
international leadership  
to optimize health and  
quality of life among  
the United State-  
Mexico Border  
-USMBHC mission*

### HIV/AIDS Service and Gaps in Yuma County Research Program

The overall goals of the HIV/AIDS Services and Gaps in Yuma County study are to assess the perceived health needs of the people of Yuma County, particularly those served by Campesinos Sin Fronteras, via surveys and key informant interviews; develop a health program model; and advocate for the establishment of additional HIV/AIDS related services in Yuma County if gaps in services are identified. The research on Yuma County and the border area health resources, health status of farm workers and health program models relevant to Campesinos Sin

Fronteras clients will respond to the growing health needs of the people of Yuma County, Arizona. The health program model product and its instruction offer potential to improve health knowledge for the community and increase access to care.

Heidi Reukauf  
University of Arizona  
Mel and Enid Zuckerman College of Public Health  
Master in Public Health Candidate

## Binational Telemedicine and Tele-Public Health Feasibility Study

This internship with Arizona Department of Health Services is a feasibility study of a binational telemedicine/tele-public health program. It commenced in January with a review of the literature on telemedicine in the United States. My research continued when I attended a two day training provided by the Arizona Telemedicine Program in February. This introduced me to key informants that I interviewed on their expertise in telemedicine and the option of extending the program to Nuevo Leon, Mexico, emphasizing tele-public health. Data will be compiled and prioritized,

to be presented at the 2007 Arizona Summer Plenary Session in June. This will lead to a final report to be completed this summer. The conclusion of this internship will be the presentation at the Mel and Enid Zuckerman's College of Public Health Internship Conference On August 17<sup>th</sup>, 2007.

Shaylan Zanecki  
University of Arizona  
Mel and Enid Zuckerman College of Public Health  
Master in Public Health Candidate

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.  
-World Health Organization, 1948

## NIOSH Study

Funded by the National Institute for Occupational Safety and Health (NIOSH), this community-based study is investigating how immigration, occupational hazards, and human rights violations affect the health status of farm workers in Somerton and San Luis, AZ. The project is a collaboration between the Mel and Enid Zuckerman College of Public Health and the community groups *Derechos Humanos* and *Campesinos sin Fronteras*. The goal of the project is to create a health risks profile and compare the data to the TESS study, as well as to facilitate future collaborations between

the community groups and the farm workers. Office of Border Health interns Heidi Reukauf and Christy Trimmer surveyed farm workers at a day-long health fair held at the border. They also participated in other project activities, including data entry and immigration policy workshops.

Christy Trimmer and Heidi Reukauf  
University of Arizona Mel and Enid Zuckerman College of Public Health Master in Public Health Candidates

## Border Crossers Continued

Scholars attribute the increase in UBC recovered bodies since 1999 to a phenomena described as the "funnel effect," which has been the result of increased border enforcement along major points of entry on the U.S.-Mexico border (Andreas 1998; Eschbach 2001; GAO 2001; Cornelius 2001; Rubio-Goldsmith et al. 2006). As border enforcement increased along these areas migrants were forced to cross through more remote and dangerous places, thus increasing the probability of death. This has been contrary to the anticipated "prevention-through-deterrence" objectives of the INS' Southwest Enforcement Strategy (Cornelius 2001) which lead to segmented border enforcement.

Between fiscal year 1990 and May 15<sup>th</sup> of fiscal year 2007 there had been 1,176 UBC bodies recovered along a significant portion of the Arizona-Sonora border. A majority of these bodies were recovered between May and September of each year, suggesting that summer months are the most dangerous time to attempt an unauthorized border crossing. Further, as of May 15<sup>th</sup> of 2007 there had been 58 UBC recovered bodies in this area since January 1<sup>st</sup> of 2007. This is higher than the number of UBC recovered bodies by May 15<sup>th</sup> in any previous calendar year. It is estimated that the number of UBC recovered bodies along the Arizona-Sonora border will continue to increase over time and migratory flows continue to be funneled into this area.

### Works Cited

- Andreas, P. (1998). "The U.S. migration control offensive: Constructing an image". In M. M. Suarez-Orozco (Ed.), *Crossings: Mexican migration in interdisciplinary perspectives* (pp. 342-356). Cambridge, MA: Harvard University Press.
- Cornelius, W. A. (2001). Death at the border: efficacy and unintended consequences of US migration control policy. *Population and Development Review*, 24: 660-685.
- Eschbach, K. et al. (2001). "Causes and Trends in Migrant Deaths Along the U.S.-México Border, 1985-1998." University of Houston Center for Migration Research.
- Rubio-Goldsmith, R. et al. (2006). "The 'Funnel Effect' and Recovered Bodies of Unauthorized Migrants Processed by Pima County Office of the Medical Examiner, 1990 to 2005." Report Submitted to the Pima County Board of Supervisors. Mexican American Studies and Research Center.
- Sapkota, S. et al. (2006). "Unauthorized Border Crossings and Migrant Deaths: Arizona, New México and El Paso, Texas, 2002-2003". *American Journal of Public Health*. 96(7) 1282-1287.

Daniel Martinez M.S. in Mexican American Studies  
University of Arizona Sociology M.A. and Ph.D. candidate

A United States-Mexico Border Health Commission Arizona Delegation sponsored event

# Grant Writing Training

**Westin La Paloma Resort and Spa  
Tucson, Arizona  
June 14th  
9AM-1PM**

**The Grant Writing Training** will be facilitated by Susan Kunz, M.P.H.; recipient of the Arizona Public Health Association award *Commitment to Underserved Populations* in 2006.

**This basic grant writing workshop** will provide an overview of how to learn about funding opportunities, assess opportunities for fit with community needs and assemble the elements of a grant application.

**Training is open to the public.** Please RSVP by June 12, 2007 to Laura Reichhardt, USMBHC Arizona Outreach Office, 520-770-3114 or [reichhl@azdhs.gov](mailto:reichhl@azdhs.gov)

## Two-Day Schedule of Events

June 14th-15th, 2007

Grant Writing Training \_\_\_\_\_ June 14th 9AM-1PM  
Healthy Border 2010 Mini-Grant Forum \_\_\_\_\_ June 14th 2PM-3:30PM  
Arizona-Mexico Commission Health Services Committee \_\_\_\_ June 15th 9AM-1P

\*Participation in the Health Services Committee Meeting is no-cost.

For more information about the Arizona-Mexico Commission Plenary Summer Plenary session, please direct your web browser to [www.azmc.org](http://www.azmc.org)





**ARIZONA MEXICO COMMISSION:**  
 June 14-15, 2007  
 Health Services Committee Meeting June 15th



9:00 a.m.	Welcome and Introductions: Richard Polheber and Dr. Adolfo Felix, Arizona and Sonora Co-Chairs
9:45 a.m.	Messages From State Health Officers (15 min. ea.)
10:45 a.m.	Review of Previous Action Items & Accomplishments (15 min. ea.)
11:30 a.m.	Call to Public - Community Presentations (10 min. ea.)
12:00 p.m.	Enhanced Coffee Break
12:30 p.m.	Call to Public - Community Presentations Continued (10 min. ea.)
1:00 p.m.	Finalization of Action Items
1:00 pm	Adjourn
2:00 pm	Submission of Proposed Committee Action Items

**Health Services 2006 Fall Plenary Initiatives**

Action Item	Projected Completion Date
<p>1.) Continue the collaboration of the development of the regional Pandemic Influenza Plan.</p> <p>a) Both states will continue to collaborate in the development of the Sonora-Arizona regional plan.</p>	a) June 2007
<p>2.) Enhance the collaboration of epidemiological surveillance information systems pertaining to public health in the Sonora-Arizona region.</p> <p>a) Strengthen the collaboration between both states to advance the development of MEDSIS and SUIVE epidemiology systems.</p>	a) June 2007
<p>3.) Strengthen the testing capabilities of both State public health laboratories in Sonora and Arizona.</p> <p>a) Enhance the trainings and professional personnel exchange between both State laboratories to reach biosecurity level III.</p>	a) June 2007
<p>4.) Increase research, dissemination and promotion of "Estilos de Vida Saludables" (Healthy Lifestyles) between Sonora and Arizona.</p> <p>a) Develop intervention that help promote "Estilos de Vida Saludables" (Healthy Lifestyles) between Sonora and Arizona, with the purpose of lowering morbidity and mortality rates associated with chronic degenerative diseases.</p>	a) June 2007

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*Leadership for a  
Healthy Arizona*

Address Label

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## Arizona Department of Health Services Office of Human Rights

The Office of Human Rights (OHR) is part of the Arizona Department of Health Services, Division of Behavioral Health Services. OHR provides advocacy to individuals determined to be Seriously Mentally Ill (SMI) and enrolled children to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the publicly funded behavioral health system in Arizona.

OHR primarily represents individuals determined to be SMI and in need of Special Assistance -- that is, individuals who are unable to independently express their goals and preferences and protect their rights -- in service and discharge planning and in the grievance and appeal processes. OHR also provides advocacy assistance to individuals determined to be SMI, with a focus on facilitation of discharge from behavioral health facilities to a community setting that is the "least restrictive environment" with the appropriate supports, grievances involving rights violations and appeals involving eligibility and access to covered services.

With respect to children, OHR assists enrolled children (Title 19 or 21 eligible) with transition to the adult behavioral health system, beginning at age sixteen (16). OHR also assists with the facilitation of improved collaboration among the stakeholders in service planning and service implementation for families in which both a child and parent (an adult parent determined to be SMI) receive services through the public behavioral health system.

OHR also performs other functions, including: providing information, referral and/or technical assistance; maintaining a list of all individuals determined to be in need of

Special Assistance to help ensure that their needs are being met; conducting outreach at direct care sites, psychiatric hospitals, and other behavioral health settings; identifying and addressing systemic issues; reviewing Incident and Accident Reports and Seclusion/Restraint Reports and addressing any individual rights and systemic issues; developing educational documents for individuals who have been determined to be SMI on rights, self-advocacy and other topics; and conducting educational sessions for individuals in the system, Regional Behavioral Health Authorities staff/provider staff and other stakeholders on various topics. The ultimate goal of OHR's advocacy in all of these areas is to help ensure that each individual's path to recovery is as barrier-free as possible.

The Office of Human Rights has staff in the main office in Phoenix, serving central and southwestern Arizona, and two satellite offices: one in Tucson that serves southeastern Arizona and the other in Flagstaff that serves northern Arizona. For further information or to contact us, please call:

Phoenix: 1-800-421-2124

Tucson: 1-877-524-6882

Flagstaff: (928) 214-8231